Women's Health specialists of Centrastate
Obstetrics & Gynecology
HIPAA

In our continuing efforts to protect your privacy, please identify the person/persons with whom we may discuss your care:

NAME TELEPHONE RELATIONSHIP TO PATIENT

_____

_____

_____

____ I do not wish to have my care discussed with anyone other than myself.

Telephone Communication with Patient

Please select preferred mode of contact below

PLEASE CHECK <u>ONE</u> OPTION BELOW:

Home Telephone Number: _____

___Ok to leave message with detailed information

___Leave message with callback numbers only

OR

PLEASE CHECK <u>ONE</u> OPTION BELOW:

Cell Telephone Number: _____

___Ok to leave message with detailed information

___Leave Message with callback numbers only

Please select your preferred choice for Confirmations of an appointment

__ Send a *text message* for reminder of appointment via Cellphone

__Send an *automated call* for reminder of appointment via Home telephone

_____

PATIENT SIGNATURE DATE

_____

PRINTED NAME DATE OF BIRTH

Updated 2/28/2019